



# Opioid Operational Command Center Briefing Memo



**To:** OOCC State and local partners

**Through:** OOCC Planning Section

**From:** Clay Stamp

**Re:** Opioid Operational Command Center (OOCC)

**Date:** April 28, 2017

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## **Completed Action Items (April 20, 2017 - April 26, 2017):**

- On 4/21/17 – 2/22/17 - Distributed an alert notification and a press release to state and local partners regarding the report from Medical Examiner's Office of three recent fatal overdoses attributed to carfentanyl in Anne Arundel and Frederick County
- On 4/21/17 - Completed analysis of naloxone administration trends by EMS providers statewide and broadly shared to partners via the Office of Preparedness [Public Health Situational Awareness Report - see Overdose Syndromic Surveillance](#) (page 3) [Partners: DHMH, MIEMSS, GOCCP, MEMA]
- On 4/25/17 - As requested from the Office of the Attorney General, distributed statewide memo to local Health Officers and Emergency Managers regarding clarification of the sharing of protected health information by local emergency medical services, hospitals EDs, and similar emergency health services with local health departments [Partners: DHMH AAG]
- On 4/26/17- Distributed situational awareness alert notification to state and local partners on behalf of the Baltimore City Health Department regarding the shutdown of a health care provider in North Baltimore
- All 24 local jurisdictions have established Opioid Intervention Teams as defined by their local partnerships and need
- Continued activities associated with mobilization efforts to coordinate all state and local partners [see coordinated meetings below]

### **Planned Actions Items (April 27, 2017 - May 3, 2017):**

- Request 30-day State of Emergency Extension
- Continue to coordinate statewide efforts among OOCC partners for promoting and participating in National Drug Take Back Day on 4/29/17
- Evaluate streamlining the hiring process for Peer Recovery Support Specialists by local health departments, including assessment of the DBM classification and job descriptions
- On 5/5/17, support coordination of DHMH Employee Opioid Overdose Awareness and Prevention town-hall which will be used a template for all other state agencies
- On 5/9/17, participate in the MD/VA/DC Regional Opioid and Substance Abuse Summit
- Continue to draft and engage partners in the planning process for the OOCC Operations and Action Plan with a local template for coordinated and aligned efforts

### **OOCC Coordinated meetings**

The OOCC continues the mobilization phase (0 - 120 days) to engage partners at the state and local level working on heroin and opioid-related initiatives, including but not limited to the following meetings:

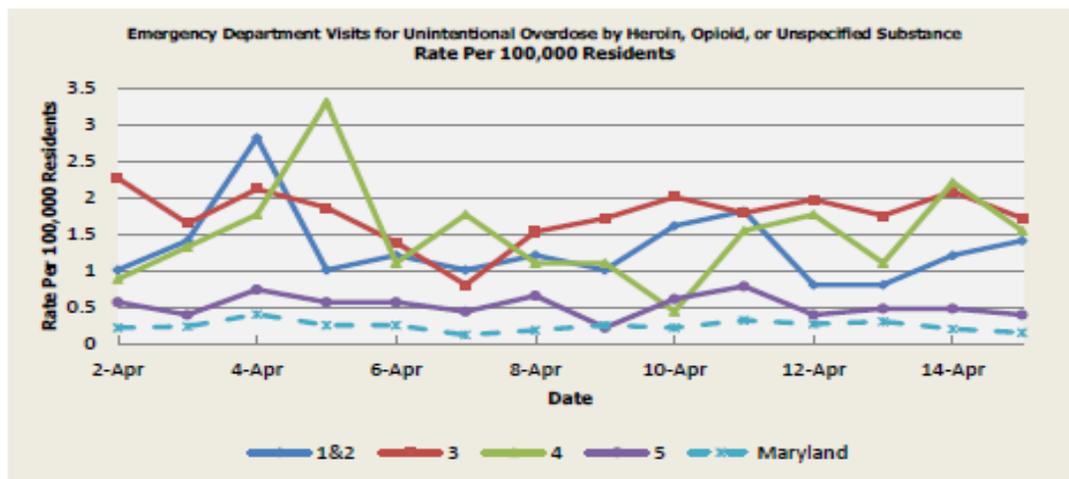
- Convened Interagency Council via conference call [15 individuals] to provide progress updates and discuss benchmarks and targets [Partners in attendance: DHMH, OOCC, MIEMSS, OAG, Grants, GOCCP, GOHS, DJS, MIA, DHR, MSP, MEMA]
- OOCC Director met with Dr. Leana Wen, Baltimore City Health Commissioner, to discuss strategies addressing the heroin and opioid crisis in Baltimore City
- OOCC Director and Colonel Pallozzi presented at the MCPA Executive Board Meeting regarding the Public Safety State of Emergency that the Governor has declared in regards to the opioid crisis

- OOC Director continues to have direct dialogue with local efforts and persons-impacted across the state to identify best practices for sharing of lessons learned and coordination of efforts for future support
- On 4/25/17 - Presented OOC website and corresponding social media pages to Governor's Office; discussed "Before It's Too Late" branding [Partners: DHMH, MEMA, Governor's Office of Communications, DoIT]
- On 4/26/17 - Participated in Local Health Officer meeting with Emergency Managers; provided technical assistance regarding protected health information via DHMH AAG representation on the call
- Attended briefing events in jurisdictions of Queen Anne's, Talbot County, Harford, and Anne Arundel for their first official OIT Meeting including county and City of Annapolis partners [50 individuals]

# April 21, 2017 Public Health Preparedness and Situational Awareness Report: #2017:15 reporting for the week ending 4/15/17 (MMWR Week #15)

## SYNDROMIC OVERDOSE SURVEILLANCE

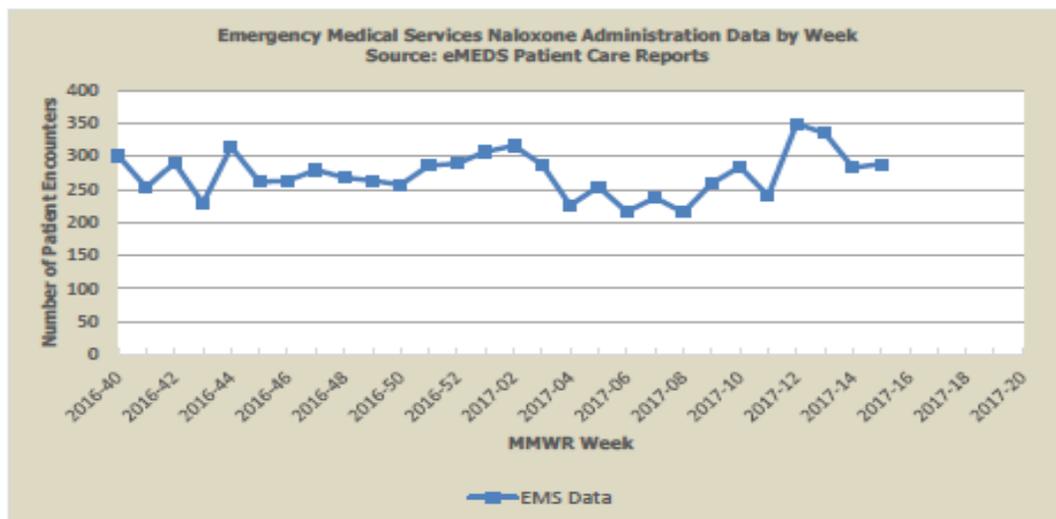
The purpose of this section is to characterize non-fatal ED visit trends for acute unintentional overdose by Heroin, Opioid or Unspecified substance among Maryland residents captured by ESSENCE data, including chief complaint and discharge diagnosis. ED visits that are identified as unintentional overdose by Heroin, Opioid or Unspecified substance include those with medical and non-medical use of a prescription Opioid or where the substance is not specified, given evidence that the majority of fatal overdoses are Opioid-related.



**Disclaimer on ESSENCE Overdose related data:** ESSENCE chief complaint and discharge diagnosis query for overdose-related illness includes but is not limited to the following terms: heroin, opioid, speedball, dope, fentanyl, naloxone, narcan, and overdose.

Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.33	0.42	0.37	0.15	0.31
Median Rate*	1.01	1.32	1.10	0.48	0.99

\* Per 100,000 Residents



**Disclaimer on eMEDS naloxone administration related data:** These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.